

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599186

FILING DATE

09/22/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	1		1			
9						
10	1		1			
11	2		1			
12	2		1			
13	2		1			
14	1		1			
15						
16						
17	1		1			
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20	1		1			
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49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	29	21				
TOTAL CLAIMS	35	27				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						